**APPLICATION FORM**

**ANISHA COMPLEMENTARY INTEGRATED MEDICINE**

ENROLMENT FORM : BARNSLEY

Name (Mrs/Miss/Ms/Mr/Dr) Date of Birth

First \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle\_\_\_\_\_\_\_\_\_\_\_\_ Surname\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mobile\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_l\_\_\_\_\_

email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Academic and Professional Qualifications**

|  |  |  |
| --- | --- | --- |
| Qualification   | Year  | Awarding Body |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Learning Objectives**

1.

2.

3.

**Health Declaration**

I would appreciate it if you could supply the following information which will be held in complete confidence.

1.Do you suffer from any of the following conditions:

Epilepsy/Diabetes/Asthma/Allergies/High or Low blood pressure **YES/NO**

2.Do you have any medical problems of an acute or chronic nature **YES/NO**

3.Have you had any emotional or mental trauma requiring medical

Intervention or treatment? **YES/NO**

4.Do you take any prescribed medication? **YES/NO**

5.Do you take any complementary medicines –herbs, homeopathy,

Vitamins, supplements ,flower remedies etc **YES/NO**

6.Are you at present consulting a complementary therapy

 Practitioner ? **YES/NO**

7.Have you suffered from any drug(prescribed or otherwise)

Alcohol or substance abuse? **YES/NO**

8.Are you currently studying any other complementary therapy

course ? **YES/NO**

9.Have you ever been refused entry or been dismissed from a

training course? **YES/NO**

10.Is there any other information you wish to supply that you

Feel might be useful or that ANISHA CIM should know (for example

any special needs or wheelchair access etc.) **YES/NO**

**If answering Yes to any of the above please give details overleaf and continue on a separate sheet of paper if necessary.**

Please tell me where you heard about the training course(S) -----------------------------------

----------------------------------------------------------------------------------------------------------------------------

**Declaration:** I confirm that I have read, understood and agree to abide by the ANISHA CIM course booking terms and conditions and that the information given above is true and correct.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (Please print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Disclaimer Statement**

ANISHA Complementary Integrated Medicine (ACIM) offers training in Healing Therapies. It does so with the understanding that the student observes all of the ACIM’s safety standards and follows without exception all of the safety guidelines offered by the ACIM. ANISHA CIM implements all known safe practice methods that are known to be correct in the training and application of Complementary Therapies. ANISHA CIM or any of its offices, is not, and will not be, held liable for any assumed damage that is deemed to occur at any time in the present or future from the change of the said knowledge and/or understanding relating to any condition whatsoever or changes thereof in any of the physical, mental, emotional, spiritual or financial states of students.

The student must accept that all information is given in good faith and all knowledge is amended, as acceptable practice changes ANISHA CIM will implement the changes. ANISHA CIM students must complete a health declaration form and a waiver of liability for any assumed damages arising from the training and practices that at a future date are changed due to new developments and discoveries on any level of being. ANISHA CIM is not and will not be responsible for the exacerbation of any pre-existing physical, mental, emotional or spiritual condition that is not declared prior to being enrolled on the course, irrespective of when these may present.

The student must agree to abide by the Professional Code of Conduct and Ethics either individually for each and every therapy they train in or collectively with those of ACHO for the two year Crystalline Integrated Medicine Therapy Diploma. Student hand books will be given out at the first weekend of this course. Any deviation from this code in any manner on the part of the student or any action deemed by the tutors to be a deviation from the code of practice will lead to automatic dismissal of the student.

Declaration: I confirm that I have read, understood and agree to abide by the ANISHA CIM Code of Conduct, Course booking terms and conditions.

Signature ------------------------------- Name (please print)----------------------------------

Date-----------------------------

ADDITIONAL INFORMATION